

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509893 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Printing Partners		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1791.89</div>	
City Indianapolis	State IN		
Purpose of Expenditure IE-Printing-Clinton		Category/Type	
Name of Federal Candidate Clinton, Hillary, Rodham, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Printing Partners		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Mailing Address 929 West 16th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">795.59</div>	
City Indianapolis	State IN		
Purpose of Expenditure IE-Printing-Guinta		Category/Type	
Name of Federal Candidate Guinta, Frank, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">2587.48</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

10

21

2016

Signature

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Printing Partners		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2016	
Mailing Address 929 West 16th Street		Amount 6441.49	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E7A6C027A2F064B67911
Purpose of Expenditure IE-Printing-Clinton		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Clinton, Hillary, Rodham, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		46945.58	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Printing Partners		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2016	
Mailing Address 929 West 16th Street		Amount 1463.31	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E18D61140133F41F48C8
Purpose of Expenditure IE-Printing-Tarkanian		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Tarkanian, Danny, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		1463.31	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7904.80
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Cockfield, Wayne, , ,

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Date

MM / DD / YYYY
10 / 21 / 2016

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PAGE	3	OF	3
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Full Name of Payee Printing Partners			Date of Public Distribution/Dissemination <table border="1"> <tr> <td>M</td><td>M</td><td></td> <td>D</td><td>D</td><td></td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td> <td>10</td><td></td><td>20</td><td></td><td></td><td>2016</td> </tr> </table>			M	M		D	D		Y	Y	Y	Y									10		20			2016
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Purpose of Expenditure IE-Printing-Heck		Category/ Type	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV																										
Name of Federal Candidate Heck, Joe, , ,		Calendar Year-To-Date Per Election for Office Sought <table border="1"> <tr> <td colspan="11">6441.46</td> </tr> </table> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶				6441.46																							
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Full Name of Payee Printing Partners			Date of Public Distribution/Dissemination <table border="1"> <tr> <td>M</td><td>M</td><td></td> <td>D</td><td>D</td><td></td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td> <td>10</td><td></td> <td>20</td><td></td> <td></td><td>2016</td> </tr> </table>			M	M		D	D		Y	Y	Y	Y									10		20			2016
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Mailing Address 929 West 16th Street			Amount <table border="1"> <tr> <td colspan="11">1791.88</td> </tr> </table>			1791.88																							
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City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E4D14BA5375FE4995AFD Date of Disbursement or Obligation <table border="1"> <tr> <td>M</td><td>M</td><td></td> <td>D</td><td>D</td><td></td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			M	M		D	D		Y	Y	Y	Y														
M	M		D	D		Y	Y	Y	Y																				
Purpose of Expenditure IE-Printing-Ayotte		Category/ Type	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH																										
Name of Federal Candidate Ayotte, Kelly, A, ,		Calendar Year-To-Date Per Election for Office Sought <table border="1"> <tr> <td colspan="11">1791.88</td> </tr> </table> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶				1791.88																							
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(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<table border="1"> <tr> <td colspan="11">8233.34</td> </tr> </table>	8233.34										
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(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<table border="1"> <tr> <td colspan="11"></td> </tr> </table>											
(c) TOTAL Independent Expenditures..... ▶	<table border="1"> <tr> <td colspan="11">18725.62</td> </tr> </table>	18725.62										
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						10		21			2016

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